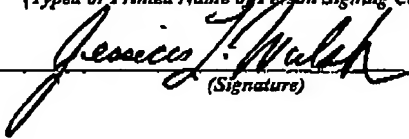



CERTIFICATE OF TRANSMISSION BY FACSIMILE (37 CFR 1.8)			Docket No.
Applicant(s): MICHAEL D. BRADFELD ET AL.			D-155 / DRI-0005
Application No. 10/713,581,	Filing Date 11/14/2003	Examiner DANG D. LE	Group Art Unit 2834
Invention: TWIN COIL CLAW POLE ROTOR WITH STATOR PHASE SHIFTING FOR ELECTRICAL MACHINE			
<div style="text-align: right;">RECEIVED CENTRAL FAX CENTER AUG 23 2004 OFFICIAL</div>			
I hereby certify that this <u>Transmittal and Amendment</u> (Identify type of correspondence)			
is being facsimile transmitted to the United States Patent and Trademark Office (Fax. No. <u>703-872-9306</u>)			
on <u>August 23, 2004</u> (Date)			
<div style="text-align: right;"><u>Jessica L. Walsh</u> (Typed or Printed Name of Person Signing Certificate)  (Signature)</div>			
Note: Each paper must have its own certificate of mailing.			

P18/REV02

AMENDMENT TRANSMITTAL LETTER (Large Entity)					Docket No. D-155 (DRI-0005)	
Applicant(s): MICHAEL D. BRADFIELD ET AL.						
Application No. 10/713,581	Filing Date 11/14/2003	Examiner DANG D. LE	Customer No. 23413	Group Art Unit 2834	Confirmation No. 1995	
Invention: TWIN COIL CLAW POLE ROTOR WITH STATOR PHASE SHIFTING FOR ELECTRICAL MACHINE						
<u>COMMISSIONER FOR PATENTS:</u>						
Transmitted herewith is an amendment in the above-identified application.						
The fee has been calculated and is transmitted as shown below.						
CLAIMS AS AMENDED						
	CLAIMS REMAINING AFTER AMENDMENT	HIGHEST # PREV. PAID FOR	NUMBER EXTRA CLAIMS PRESENT	RATE	ADDITIONAL FEE	
TOTAL CLAIMS	20 -	20 =	0 x	\$18.00	\$0.00	
INDEP. CLAIMS	2 -	3 =	0 x	\$86.00	\$0.00	
Multiple Dependent Claims (check if applicable) <input type="checkbox"/>					\$0.00	
TOTAL ADDITIONAL FEE FOR THIS AMENDMENT					\$0.00	
<input checked="" type="checkbox"/> No additional fee is required for amendment. <input type="checkbox"/> Please charge Deposit Account No. _____ in the amount of _____ <input type="checkbox"/> A check in the amount of _____ to cover the filing fee is enclosed. <input checked="" type="checkbox"/> The Director is hereby authorized to charge payment of the following fees associated with this communication or credit any overpayment to Deposit Account 06-1130 <input checked="" type="checkbox"/> Any additional filing fees required under 37 C.F.R. 1.16. <input type="checkbox"/> Any patent application processing fees under 37 CFR 1.17. <input type="checkbox"/> Payment by credit card. Form PTO-2038. WARNING: Information on this form may become public. Credit card information should not be included on this form. Provide credit card information and authorization on PTO-2038.						
 James J. Merrick Reg. No. 43,801 Cantor Colburn LLP 55 Griffin Road South Bloomfield, CT 06002 860-286-2929 Customer Service No. 23413 Confirmation No. 1995			Dated: August 23, 2004			
cc:			I hereby certify that this correspondence is being deposited with the United States Postal Service with sufficient postage as first class mail in an envelope addressed to "Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450" [37 CFR 1.8(a)] on _____ (Date)			
			_____ Signature of Person Mailing Correspondence			
			_____ Typed or Printed Name of Person Mailing Correspondence			

P11LARGE/REV08